

State of Connecticut Department of Public Safety Division of State Police

DPS-90-C (Rev. 04/'03) CRIVINAL INFORVIATION SUIVINARY						DDITION	AL PAGES	
TROOP / UNIT: E OTHER INVOLVED AGENCY: MO YES,								
ATE: TIME: INVES	NVESTIGATING TROOPER / OFFICER:			DPS CASE NUMBER:				
10/7/04 2100 Tpr.	Tpr. C. Fox #776 DPS04050223							
LOCATION OF IN CIDENT (STREET NAME AND CITY/TOWN ONLY):								
26 Lacroix St., Sprague								
SUMMARY OF INCIDENT OR AFFIDAVIT: ARREST MADE UNDER INVESTIGATION								
On the above stated date and time, the State Police were called to investigate a quantity of Marijuana. which was								
located on the property at the above stated location. As a result of said investigation the below listed accused were								
arrested and charged.								
VICTIM:(DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)								
NAME / BUSINES: / AGENCY: M [	F   ADDRESS: (TOWN/CITY&STATE ONLY)				JUVE	NILE:	INJURED:	
						YES	□ VES □ NO	
The same of the sa						E:		
NAME / BUSINESS / AGENCY: M F ADDRESS: (TOWN/CTTY&STATE ONLY)						NILE: VES	INJURED:	
					AG		□ YES □ NO	
NAME / BUSINESS / AGENCY:					NILE:	INJURED:		
NAME / BUSINESS / AGENCI:					YES	☐ YES		
				ΛG	E:	□ NO		
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)								
NAME:	ſ □ F	DOB:	ADDRESS:			200		
Roberts, Mark B. 10/28/64 186A Slater Hill Rd., Days								
CHARGES:	COURT: BOND:					INJURED:  ☐ YES ☒ NO		
. Cult. of Marijuana 21a-277b GA: 21			CASH □ SURETY     NON-SURETY □ WPTA			AMBULANCE:		
2. Poss. of Marijuana over 4oz	oss. of Marijuana over 402 TOWN: Norwich			AMOUNT \$: 50,000			☐ YES ☒ NO	
3. 21a-279b			☐ TO BE PRESENTED AT COURT☐ TRANS TO DEPT OF CORRECTIONS @:			HOSPIT	AL:	
4. DATE: 10/8/04								
NAME: DOB: ADDRESA								
Martin, Sharon L.		11/02/63	186A Sla	ater Hill Rd. Day	ville, C	T		
CHARGES:	COURT:		BOND:			INJURE	D:	
1. Cult. Of marijuana 21a-227b	GΛ: 21		<b>⊠</b> CASH	☐ SURET	Y	T YES		
2. Poss. of Marijuana over 4oz			□ NON-SURE		AMBULANCE:  ☐ YES ☐ NO			
3. 21a-279b	TOWN: Norwich		AMOUNT \$: 50,000			HOSPITAL:		
4.			☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTIONS					
7.	DATE: 10	0/08/04						
NAME:	1 🗆 F	DOB:	ADDRESS:					
CHARGES:	COURT:		BOND:			INJURE	D:	
1.	GA:		☐ CASH ☐ SURETY			☐ YES ☐ NO		
2.			☐ NON-SURE				ANCE:	
3.	TOWN:		AMOUNT S: YES N					
4.			☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTIONS					
7.	DATE:							
NAME:	1 DF	DOB:	ADDRESS:					
						Total Comment		
CHARGES:	COURT:		BOND:	□ cupr	v	INJURE		
1.	GA:		CASH SURETY WPTA			YES NO		
2.	TOWN:		AMOUNT \$:			☐ YES ☐ NO HOSPITAL:		
3.	10,111	TO BE PRESENTED AT COURT  ☐ TRANS TO DEPT OF CORRECTIONS @:				HUSPIT	AL:	
<sup>1</sup> -4.	DATE:		LI TRANSTO	DEFI OF CORRECT	ons @:	1		
SUPERVISOR'S APPROVAL REQUIRED:		18: 60	ID #-	28>-	DATE:	10-08-	.04	
THIS INFORMATION IS BEING R	LEASED TO	THE PUBLIC IN C	OMPLIANCE WITH	THE FREEDOM OF INF	ORMATION	LAWS.		
FOR ADDITIO VAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.  PHONE: 860-685-8230 FAX: 860-685-8301 TO BE								